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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-04)//  
POC/CAPT P.C. BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)  
653-1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF  
INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS  
MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED  
BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY  
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ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED  
WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT  
HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND  
OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL  
CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(940026)-DRILL FOR CROATIA A REALITY CHECK  
(940027)-ORGAN TRANSPLANTS GIVE MIRACLE OF LIFE ANEW  
(940028)-MSC OFFICER SAVES LOCAL ITALIAN'S LIFE  
(940029)-TRAVERS SCHOLARSHIPS AVAILABLE FROM RELIEF SOCIETY  
(940030)-NAVY MEDICAL DEPARTMENT PEOPLE IN SPECIAL OPERATIONS  
(940031)-HEALTHWATCH: ROOT CANAL -- A TOOTH'S LAST CHANCE  
(940032)-HIV AND YOU  
(940033)-HEALTHCARE FUTURIST TO SPEAK AT AMA CONFERENCE (PARA 4)

HEADLINE: Drill for Croatia a Reality Check  
UNION-TRIBUNE/NAVHOSP Camp Pendleton, CA (NSMN) -- The  
wounds of war were only simulated Tuesday, 25 January, but for  
Navy doctors and other medical staff preparing for a mission to  
Croatia, the drill could become reality.

About 180 personnel from Navy hospitals and clinics on the  
West Coast will leave in early March to take over the 60-bed U.S.  
Field Hospital Zagreb serving the 28,000 U.N. peacekeepers in  
Croatia.

In addition to treating peacekeepers from 24 countries, the  
Navy specialists also might be treating children, said CAPT James  
Johnson, deputy commander of Naval Medical Center San Diego.

A recent change in U.S. policy clears the way for treating  
civilians, said Johnson, who will take part in the six-month  
mission to the northern part of the former Yugoslavia. Croatia  
runs along the north and west sides of war-torn Bosnia-  
Herzegovina, with which it was united under Communist rule.

Tuesday, the team practiced in a canvas warren of triage,

surgery and other specialty rooms set up at the northern end of Marine Corps Base Camp Pendleton.

In the operating room where he had just "amputated" a mock victim's leg, CDR Dana Covey, of Naval Hospital Bremerton, WA, said the self-contained module "is the best available in the field. We can do most any type of lifesaving procedure in this shelter. We can do two cases side-by-side."

Johnson said the structure was erected in six hours. "Everything you see here was in a box somewhere else," he said.

The training was to include a mock-terrorist effort to infiltrate the compound.

"We want to overload the crew and test every scenario," said RADM Richard Ridenour, Deputy Surgeon General of the Navy, who visited the week-long training exercise at Camp Pendleton.

As sailors bustled about the maze of offices -- the compound's been dubbed MASH-plus because it is teamed with SeaBees (construction battalion personnel) to maintain it and Marines to provide security -- Ridenour talked of the state-of-the-art equipment the medical team will have available.

Since the Navy team will be treating many patients who speak no English, the doctors will use a computer translator to ask the right questions and get the right answers -- to get the information they need for diagnosis and treatment.

They also will be using telemedicine, which can provide access to specialty consultation at Naval Medical Centers in Bethesda, MD, and San Diego via satellite, Ridenour said.

A key aspect of the medical mission is speed.

"We could have a truck overturn or a mine blows up, and we'd have lots of casualties quickly. How fast can you sort that out?" Ridenour asked.

"How you move people through is critical," Johnson added. "We need to take care of the largest number of casualties in the shortest period of time."

Story by Darlene Himmelspace, staff writer; reprinted with permission from The San Diego Union-Tribune, 26 January 94

EDITORS NOTE: In paragraph two, the original article reported a higher number of personnel than 180. There are about 180 personnel from Navy medical treatment facilities involved; the higher figure included other support personnel, such as SeaBees. This was the only significant change among edits made to the article in preparing it for a worldwide Navy audience. Editors using the story should run it with Himmelspace's byline and must credit The San Diego Union-Tribune.

-USN-

HEADLINE: Organ Transplants Give Miracle of Life Anew

BUMED Washington (NSMN) -- The following letter, dated 24 January 1994, came in to the Bureau of Medicine and Surgery. It speaks for itself.

Dear Medical Professional:

I am writing this letter on behalf of the thousands of people who are currently on waiting lists hoping for a second chance at life through the miracle of organ transplantations.

I am a 19-year-old college student who has hopes and dreams

for the future just like everyone else. Unfortunately, however, I was born with the debilitating lung disease of cystic fibrosis. Throughout my 19-year life, I've worked tirelessly doing chest physical therapy three times per day, coughing for hours each day, and taking oral and IV antibiotics, hoping to preserve my slowly deteriorating lungs as long as possible. I have now reached the point where I am on oxygen all the time, am basically home-bound, and struggle to get around in my house.

Only a few years ago, this would have been the unfortunate climax to my life-long struggle with the disease. However, with the recent miracles of organ transplantation, I have been given hope for a second chance at life by being placed on a waiting list for a double lung transplant. I have been told that my wait will be approximately one and a half years before my name comes to the top of the transplant list.

Sadly, The United Network for Organ Sharing estimates that, although the technology of organ transplantation has saved many lives, 25 percent of all people placed on waiting lists never get that second chance at life -- all because their time runs out before an organ becomes available. The most unfortunate part about this tragedy is that many of those lives could have been saved. Estimates show that only about 20 percent of organ donor candidates actually donate their organs.

Many families do not donate the organs of their loved ones at the time of their brain death simply because they have not discussed organ donation beforehand. In this stressful time, they often say "no" to organ donation without even considering the positive impacts it could have on the lives of others.

Professionals in the medical field may be the only people who can convince families to donate the organs of their loved ones while they are dealing with the tragedy of losing a loved one. This is a plea on behalf of all organ donor candidates, their friends, and their families. Please encourage medical personnel to discuss organ donation as much as possible with families who have lost a loved one to brain death. Through the miracle of organ donation, at least some good may come out of the unfortunate tragedy.

Sincerely, Amy McClellan, Middleburg, PA

-USN-

#### HEADLINE: MSC Officer Saves Local Italian's Life

USNH Naples, Italy (NSMN) -- You sit down to have another incredible Italian meal in your favorite restaurant. The aroma of pasta and pizza fill the air. You're really enjoying the tranquil atmosphere. When, all of a sudden, the gentleman at the next table starts to choke; he stands, gasping for air; he looks for help as he staggers around. Would you know what to do?

A Medical Service Corps (MSC) officer from U.S. Naval Hospital Naples knew.

The MSC jumped up from his seat, grabbed the choking man from behind, and proceeded to give him the Heimlich (Abdominal Thrust) Maneuver. The object that was blocking the man's airway was quickly expelled. His life was saved.

This MSC, who wishes to remain anonymous, could have been

you. Would you have known what to do? Many people say they don't have the time to learn CPR (cardiopulmonary resuscitation) or any other basic life-saving procedures. If you would like to learn, contact the American Red Cross or your training department for information about military-sponsored training. Someday, you may determine whether another person lives or dies.

Story by ENS Michael N. Lane, MSC

Reprinted from Panorama, 14 January 1994

-USN-

HEADLINE: Travers Scholarships Available from Relief Society

SUBHEAD: Deadline for Applications is 15 March 1994

NMCRS Arlington, VA (NSMN) -- More than 500 dependent children of active duty sailors and Marines are attending college this fall, thanks, in part, to two new continuing education financial aid programs offered by the Navy-Marine Corps Relief Society.

Based on evaluation of financial need, the VADM E.P. Travers Scholarship Program provides grants of \$2,000 per academic year, and the Interest-Free Parent Loan Program offers up to \$3,000 per academic year. During the second year of these programs, the Society processed more than 1,000 applications and awarded 529 scholarships and 208 loans. While these numbers are significant, the Society is capable of providing financial assistance to more than 2,000 students.

While the Society's assistance is designed to meet emergency needs, these programs can lend a helping hand to those desiring to improve themselves through education.

Initial applications for the 1994-1995 academic year are available from your local Navy-Marine Corps Relief Society or the Society's Headquarters: 801 N. Randolph St., Arlington, VA 22203-1978; (703) 696-4904.

-USN-

HEADLINE: Navy Medical Department People in Special Operations

BUMED Washington (NSMN) -- Wherever the Navy or Marine Corps goes, so does the Navy Medical Department. Thirty percent of our personnel are normally assigned with deployable fleet and fleet marine forces units. Additional medical support is provided for operations such as Provide Promise. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Southern Watch

Total medical/dental personnel: 97 (includes 19 BUMED augmentees)

USS Independence (CV 62) Carrier Battle Group (CVBG): The CVBG has 45 ward beds, one operating room, eight intensive care beds, four quiet room beds, 118 overflow beds and has a medical/dental staff of 60.

In Country: Attached with the Administrative Support Unit Bahrain are four physicians, one dentist, three nurses, two Medical Service Corps (MSC) officers and 26 corpsmen. BUMED also provides one corpsman to augment the COMUSNAVCENT staff out of Bahrain.

Operation Provide Promise (The Former Yugoslavia)  
Total medical/dental personnel: 75 (includes two BUMED  
augmentees)

USS Saratoga (CV 60) Carrier Battle Group (CVBG): The CVBG has 60 ward beds, one operating room, eight intensive care beds, four quiet room beds, and has a medical/dental staff of 73.

LCDR Michael Henderson from Naval Medical Center Portsmouth, VA, one Air Force and three Army medical officers are acting as Staff Officers for the UNPROFOR HQ Staff located in Zagreb.

CDR Jack Lundy from the Healthcare Support Office (HSO) Jacksonville, FL, is located at Camp Pleso near Zagreb, Croatia, and is acting as the Medical Liaison Officer for the upcoming Navy mission of providing medical care for the UNPROFOR located in country.

Operation Joint Task Force Full Accounting  
Navy physicians and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Naval Medical Center Oakland, CA, and Naval Hospital Millington, TN, are providing personnel to augment two missions that are currently in country. Three of the 10 missions to Southeast Asia identified for FY94 have been completed.

Operation Continue Hope  
Total medical/dental personnel: 134 (includes one BUMED  
augmentee)

USS Inchon (LPH 12) Amphibious Ready Group (ARG): The ARG has 42 ward beds, two operating rooms, two intensive care beds, five quiet room beds, 320 overflow beds and has a medical/dental staff of 133.

LCDR Sally Veasey from the Bureau of Medicine and Surgery, Washington, DC, is located in Somalia as a Medical Planner providing assistance to the Joint Task Force Somalia.

Exercise Support  
Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team 2: Nine people -- two physicians, two nurses and five corpsmen from Naval Medical Center Portsmouth are providing MMART surgical team coverage for Operation Support Democracy (Haiti).

Surgical Team 8 (reinforced): 34 people -- four physicians, seven nurses and 23 corpsmen from Naval Hospital Jacksonville are scheduled to provide MMART surgical team coverage for Operation Continue Hope on board USS Peleliu (LHA 5) from 5 February through 15 April 1994.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support  
Providing TAD (temporary additional duty) support to eight fleet platforms and four OCONUS facilities are 15 Navy Medical Department personnel: eight physicians, four nurse and three hospital corpsmen.

HEADLINE: HEALTHWATCH: Root Canal -- A Tooth's Last Chance  
NMC Oakland, CA (NSMN) -- Ideally, your teeth are meant to last a lifetime. In the ideal world, everyone would maintain healthy dental tissues by brushing and flossing daily, eating balanced meals, decreasing their intake of sugar-rich foods, and visiting the dentist regularly. However, as we all know, the ideal is difficult to achieve.

In the past, seriously damaged teeth ended up being extracted. However, technological advances in dentistry have enabled these same teeth often to be saved by root canal (endodontic) therapy.

The word "root-canal" usually elicits a grimace, cringe or wince. Root canals are often thought of as being a much-avoided, very painful procedure. On the contrary, in the majority of cases, root canal therapy is painless and is the solution that relieves the patient of his or her pain. Root canal therapy can be the tooth's last and best chance of survival.

What is a root canal? The dental pulp or nerve tissue, is the soft tissue that lies within a pulp chamber located within the hard dentin and enamel of the crown. The pulp runs down the entire length of the tooth through the center of the roots. When the tooth is injured and the pulp becomes diseased, dies (necrotic) or is unable to repair itself, the need for root canal therapy occurs.

Common causes of diseased or injured pulpal tissue are deep cavities, fractured teeth, trauma (such as a blow to the teeth) and gum disease.

If the diseased or damaged pulp is not removed, infection will occur in the tooth and surrounding structures, often resulting in an abscess. Pain and swelling may occur, and even in their absence, certain by-products produced by the infection can cause destruction to the surrounding bone. If left untreated for too long, the destruction and infection may become very serious, even life-threatening. An extraction is really the only alternative to root canal therapy, but then you have to contend with an empty, unattractive space.

Root canal therapy usually consists of one to three appointments. Local anesthetic is used for comfort. A rubber dam is placed, isolating the tooth for infection control. The actual treatment entails opening the tooth up and removing the pulp. The root canals are cleaned and shaped with files and sterilized with an irrigating agent. The roots are then filled with a rubber-based material, called gutta-percha, which permanently seals the root canals. The access opening in the tooth is then sealed with a temporary filling.

Finally, a permanent restoration must be placed. The type of restoration will depend on where the tooth is located in the mouth, and the color and amount of natural tooth remaining. Full-coverage restorations, such as crowns, are usually used as the final restoration. With the proper restoration and continued care, the tooth can last a lifetime.

The key to healthy, long-lasting teeth is the prevention of dental disease through proper home care and maintenance. But if

the need arises, and it often does, a choice must be made between an extraction or root canal therapy. The choice is yours, but just remember, healthy, natural teeth are always better than artificial or missing teeth.

Story by LT M.J. Van Dusen, DC, USNR

Reprinted from Red Rover, Naval Medical Center Oakland, 14 JAN 94

-USN-

#### HEADLINE: HIV AND YOU

BUMED Washington (NSMN) -- Last week's article provided some excerpts from a document published by the "America Responds to AIDS" campaign sponsored by the Centers for Disease Control. The document discusses what you may consider telling junior and senior high school students about HIV/AIDS. This week we continue with excerpts from that same document regarding what to tell teenagers about becoming infected with HIV through sexual intercourse.

Many teenagers are sexually active. Sexual intercourse with an infected partner is one way to become infected with HIV. Avoiding sexual intercourse is one sure way to avoid infection with the virus. In deciding what you want to say to a young person about sex, you may want to consider these ideas:

-- Delay sexual intercourse. You may want to bear in mind that the idea of delaying sexual intercourse conflicts with the many sexual messages young people encounter every day on television, in movies, at school, and from friends. Many young people conclude that "everyone is doing it."

By discussing the benefits of delaying sexual intercourse, you can help a young person make a wise and informed decision about when to become sexually active. You may wish to emphasize the following benefits of delaying sexual intercourse: most religious, cultural and social traditions and family values favor postponing intercourse until marriage. The longer sexual intercourse is delayed, the longer the guarantee of one's safety from all sexually transmitted diseases, including HIV infection. Every 13 seconds a teen in the United States gets a sexually transmitted disease.

Delaying sexual intercourse gives a person time to be sure he or she is physically and emotionally ready to engage in a sexual relationship. Delaying sexual intercourse helps prevent unwanted pregnancy. Every thirty seconds a teen in the United States gets pregnant.

Even young people who truly intend to delay sexual intercourse can have trouble refusing strong persuasion. You can help them succeed by talking with them about how to anticipate and avoid situations in which they might be pressured to have sex.

Short of abstaining from sex, the best way to protect oneself from sexually transmitted diseases, such as HIV infection, is to have sex only with one faithful, uninfected partner in a long-term relationship. It is crucial that people understand that the more sexual partners they have, the greater their risk of getting a sexually transmitted disease, such as HIV.

You can also help young people avoid dangerous sexual decision by stressing that they should avoid making decisions about sexual intercourse while under the influence of alcohol or other drugs. These substances cloud judgment and lower inhibitions, and people with clouded judgment are more likely to take sexual risks that will increase their chance of HIV infection.

You may wish to discuss the importance of using a condom, although use of a condom is not a foolproof method. Such discussion may help young people make wise decisions that will reduce the risk of HIV infection during sexual intercourse. Condoms provide a barrier and, if used correctly, greatly reduce the risk of infection with sexually transmitted diseases, including HIV. People who decide to be sexually active outside a mutually faithful, long-term relationship with an uninfected partner should understand the importance of using a condom every time they have sexual intercourse.

For more information or to become a Navy HIV prevention instructor, call the Navy HIV Program at DSN 295-0048, commercial (301) 295-0048.

Story by LCDR Catherine Wilson, NC, USN

Surgeon General's Representative for HIV Education Policy

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings Scheduled for February:

-- 11-13 February 1994, AMA's 1994 National Leadership Conference, San Francisco: "Leadership for Medicine in Transition." (See following article.)

-- 25 February-4 March 1994, 35th Navy Occupational Health and Preventive Medicine Workshop. For information, contact CAPT Richard L. Buck, (804) 444-7575, extension 451.

-- 27 February-2 March 1994, Third National Symposium on Biosafety, Atlanta, GA. Sponsored by Centers for Disease Control and Prevention, American biological Safety Association and American Industrial Hygiene Association. Pre-registration deadline is 4 February. For information, call (404) 633-6869 or 1-800-772-8232.

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HEADLINE: Healthcare Futurist to Speak at AMA Conference

AMA Chicago (NSMN) -- Jeff Goldsmith, PhD, one of today's most respected health care futurists, will be keynote speaker at the American Medical Association's 1994 National Leadership Conference set for 11-13 February in San Francisco.

Goldsmith's firm specializes in strategic planning and competitive analysis for the health care industry.

U.S. Surgeon General Joycelyn Elders, MD, also has accepted the AMA's invitation to discuss the social problems and cost of health care.



More than 900 leaders from all areas of organized medicine are expected to attend to discuss critical political, economic and social issues vital to medical leaders in today's changing health care environment.

For registration information, call 1-800-262-3211.

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5. Two-month calendar of events and observances:

FEBRUARY

Black History Month -- "Empowering Afro-American Organizations: Present and Future"

American Heart Month

National Children's Dental Health Month

AMD Awareness Month (Age-related Macular Degeneration)

2 February: Groundhog Day

4 February 1941: USO Founded

6-12 February: National Burn Awareness Week

6-12 February: National Crime Prevention Week

6-12 February: Boy Scout's of America Week

7 February: O-6 Staff Corps Selection Board Convenes

8 February 1910: Boy Scout's of America founded

10 February: Chinese New Year (Year of the Dog)

11 February: Ramadhan (Muslim holiday)

12 February: Lincoln's Birthday

13-19 February: Cardiovascular and Pulmonary Technology

Week

14 February: Valentine's Day

15 February: Shrove Tuesday

16 February: Ash Wednesday (Lent begins)

20-26 February: EDI In Health Care Week (Electronic Data

Interchange)

21 February: Holiday -- Presidents Day

22 February: Washington's Birthday

23 February 1795: Navy Supply Corps established

25 February: Purim (Jewish Holy Day)

28 February: E9/E-8 Board Convenes

28 February: Lieutenant (junior grade) FitReps Due

MARCH

Women's History Month -- "In Every Generation, Action Frees Our Dreams"

National Nutrition Month

Cataract Awareness Month

Eye Donor Month

Hemophilia Awareness Month

National Kidney Month

National Chronic Fatigue Syndrome Awareness Month

Mental Retardation Awareness Month

National Social Work Month

EDI (Electronic Data Interchange) In Health Care Month

2 March 1867: Navy Civil Engineer Corps established

3 March 1871: Navy Medical Corps Birthday

5-6 March: National Easter Seal Telethon

6-12 March: Save Your Vision Week

7-11 March: Newspaper in Education Week

8 March: VOTE! Texas Primary  
11 March: VOTE! Illinois Primary  
16 March: Freedom of Information Day  
16 March: Black Press Day  
16 March 1827: "Freedom's Journal," first black newspaper  
in United States, founded in New York City  
17 March: St. Patrick's Day  
20 March, 1528 ET: Vernal Equinox -- Beginning of Spring  
20-24 March: Children and Hospitals Week  
20-26 March: National Poison Prevention Week  
22 March: American Diabetes Alert: Sound the Alert  
26 March, Sundown: Passover Begins  
27 March: Palm Sunday  
30 March: Doctors' Day

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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS  
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